

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	9/12
FORMALITY REVIEW	JP	1027	10/03/01
RESPONSE FORMALITY REVIEW	H-S	866	12-07-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	11/5/03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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530
 10-03-01
 50-571
 12/07/01